CLAIMS ONLY	Application Number	Filing Date
	10803699	
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	l						51							
2		l					52							
3		l					53							
4		l					54							
5		l					55							
6		l					56							
7		l					57							
8		l					58							
9		l					59							
10		l					60							
11		l					61							
12		l					62							
13		l					63							
14		l					64							
15		l					65							
16		l					66							
17	l						67							
18	l						68							
19	l						69							
20							70							
21							71							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	4						Total Indep							
Total Depend	15						Total Depend							
Total Claims	19						Total Claims							